SOUTH DAKOTA STATE FAIR
ENTRY FORM EDUCATION EXHIBITS

Entry form must be complete and received by June 1st Tags will be issued as soon as possible after receipt of entry form. If any additional information is requested, please call the SD State Fair at 1.800.529.0900 or 605.353.7340. Please mail entries to 1060 3rd St SW, Huron, SD 57350. Also mark each exhibit with student's name, school, and address on the back of the exhibit. Thank you.

NOTE: Exhibits will be accepted for drop off through June 30th only at the Education Building (call the fair office for Shelley to meet you 605.353.7340). Judging may take place any time after the deadline. All entries must be in by this date so they may be judged and displayed accordingly,

DEPT	DIVISION NO.	CLASS NO.	PLEASE TYPE or PRINT LEGIBLY ENTRY DESCRIPTION	STUDENT NAME
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I HEREBY ATTEST THAT THE ENTRIES ARE IN COMPLIANCE WITH THE RULES AND REGULATIONS AS STATED IN THE STATE FAIR PREMIUM BOOK.

I hereby agree that the State of South Dakota, the SD State Fair, their employees, officers, and agents shall not be liable for any loss or damage to exhibit offered for display by this entry. I further agree that I shall be bound by all rules and regulations of the SD State Fair, specifically including, but not being limited to, administrative rules of South Dakota 12:02:07:03, which provides: The Commission and Manager are not responsible for any loss or damage to, occasioned by, or arising from an animal or article on exhibition. This entry shall not be constructed and is not intended to create a bailment relationship.

Please accept the entries indicated above for exhibition at the SD State Fair subject to the rules and classifications published in the Premium List by which I hereby agree to be governed; and I further declare that all statements are made in connection with said exhibit are true.

W-9 must be completed for each school before premiums will be issued.			**FOR OFFICE USE ONLY**
Exhibitor/Authorized Agent:			
School Name:			**Entry Number:**
School Address:			
City:	**State:**	**Zip:**	
			Posted by:
School Phone #:			**Date:**
Contact Name:			
Email Required:			
Teacher:			
Home Address:			
City:	**State:**	**Zip:**	**Home #:**

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Name of School ______________________________ Name of Teacher ______________________ .